

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006821

FILED
May 09, 2006
Secretary of State

Entity Name: MISSION FIELD FAMILY HOUSING LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3360 GLEN MOTTIN WAY SOUTH
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

3360 GLEN MOTTIN WAY SOUTH
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLOYD, PATRICIA A
13916 BRAMBLE BUSH CT
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM Delete
Name: CARTER, STEVEN B
Address: 3360 GLEN MOTTIN WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM Delete
Name: KASHBOHM, PETER
Address: 3360 GLEN MOTTIN WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: MGRM Change Addition
Name: KASHBOHM, PETER
Address: 803 NEW DALE STREET
City-St-Zip: MARTINSVILLE, VA 24112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN CARTER

MGRM

05/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date